

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                   |                                                                                          |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|---------------------------------------------|----------------------------------|------------------|---------------------------------------|-----------------------|-------|---|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875 |                                                                                          |                                                                                                                                                                                                                               |                                           | Application or Docket Number<br><b>10/824,310</b> |                                             | Filing Date<br><b>04/13/2004</b> |                  | <input type="checkbox"/> To be Mailed |                       |       |   |  |
| <b>APPLICATION AS FILED – PART I</b>                                              |                                                                                          |                                                                                                                                                                                                                               |                                           |                                                   |                                             | OTHER THAN<br>SMALL ENTITY       |                  |                                       |                       |       |   |  |
| (Column 1)                                                                        |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                                |                                                   | SMALL ENTITY <input type="checkbox"/>       |                                  | OR               |                                       |                       |       |   |  |
| FOR                                                                               |                                                                                          | NUMBER FILED                                                                                                                                                                                                                  |                                           | NUMBER EXTRA                                      |                                             | RATE (\$)                        |                  | FEE (\$)                              |                       |       |   |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))               |                                                                                          | N/A                                                                                                                                                                                                                           |                                           | N/A                                               |                                             | N/A                              |                  | N/A                                   |                       |       |   |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))              |                                                                                          | N/A                                                                                                                                                                                                                           |                                           | N/A                                               |                                             | N/A                              |                  | N/A                                   |                       |       |   |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))         |                                                                                          | N/A                                                                                                                                                                                                                           |                                           | N/A                                               |                                             | N/A                              |                  | N/A                                   |                       |       |   |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                  |                                                                                          | minus 20 =                                                                                                                                                                                                                    |                                           | *                                                 |                                             | X \$ =                           |                  | X \$ =                                |                       |       |   |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                            |                                                                                          | minus 3 =                                                                                                                                                                                                                     |                                           | *                                                 |                                             | X \$ =                           |                  | X \$ =                                |                       |       |   |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                 |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))        |                                                                                          |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.         |                                                                                          |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                           |                                                                                          |                                                                                                                                                                                                                               |                                           |                                                   |                                             | TOTAL                            |                  |                                       |                       | TOTAL |   |  |
| (Column 1)                                                                        |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                                |                                                   | (Column 3)                                  |                                  | SMALL ENTITY     |                                       | OR                    |       |   |  |
| AMENDMENT                                                                         | 02/29/2008                                                                               |                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                  | PRESENT<br>EXTRA |                                       | RATE (\$)             |       |   |  |
|                                                                                   | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                               | * 8                                       |                                                   | Minus                                       |                                  | ** 20            |                                       | = 0                   |       |   |  |
|                                                                                   | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                               | * 2                                       |                                                   | Minus                                       |                                  | ***3             |                                       | = 0                   |       |   |  |
|                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
|                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
|                                                                                   | TOTAL<br>ADD'L<br>FEE                                                                    |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  | OR               |                                       | TOTAL<br>ADD'L<br>FEE |       | 0 |  |
|                                                                                   | (Column 1)                                                                               |                                                                                                                                                                                                                               |                                           | (Column 2)                                        |                                             | (Column 3)                       |                  |                                       |                       |       |   |  |
| AMENDMENT                                                                         |                                                                                          |                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                  | PRESENT<br>EXTRA |                                       | RATE (\$)             |       |   |  |
|                                                                                   | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                               | *                                         |                                                   | Minus                                       |                                  | **               |                                       | =                     |       |   |  |
|                                                                                   | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                               | *                                         |                                                   | Minus                                       |                                  | ***              |                                       | =                     |       |   |  |
|                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
|                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
|                                                                                   | TOTAL<br>ADD'L<br>FEE                                                                    |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  | OR               |                                       | TOTAL<br>ADD'L<br>FEE |       | 0 |  |
|                                                                                   | (Column 1)                                                                               |                                                                                                                                                                                                                               |                                           | (Column 2)                                        |                                             | (Column 3)                       |                  |                                       |                       |       |   |  |
| AMENDMENT                                                                         |                                                                                          |                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                  | PRESENT<br>EXTRA |                                       | RATE (\$)             |       |   |  |
|                                                                                   | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                               | *                                         |                                                   | Minus                                       |                                  | **               |                                       | =                     |       |   |  |
|                                                                                   | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                               | *                                         |                                                   | Minus                                       |                                  | ***              |                                       | =                     |       |   |  |
|                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
|                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  |                  |                                       |                       |       |   |  |
|                                                                                   | TOTAL<br>ADD'L<br>FEE                                                                    |                                                                                                                                                                                                                               |                                           |                                                   |                                             |                                  | OR               |                                       | TOTAL<br>ADD'L<br>FEE |       | 0 |  |
|                                                                                   | (Column 1)                                                                               |                                                                                                                                                                                                                               |                                           | (Column 2)                                        |                                             | (Column 3)                       |                  |                                       |                       |       |   |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

Legal Instrument Examiner:

/CRYSTAL QUEEN/